U S Department of Labor Office of Labor-Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

F	or Official	Lise Only
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**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT** 

1 File Number U	2 Fiscal Year Covered From	
1 ~ , (	1/01/05 Through 12/31/05	
3 Name and address of person filing	4 Name file number and address of labor organization	
Name  JAMES S MONTGOMERY	Name ROAD SPRINKLER FITTERS LOCAL UNION 669 Labor Organization File Number 159931	
PO Box Bldg Room No if any	P O Box Building and Room Number if any	
Street 1950 N, WESTMINSTER	Street 7050 PAKLAND MILLS RD SUITE ZOO	
CITHRIE	City COLUMBIA	
State OK ZIP Code +4 73 0 44	State M D ZIP Code + 4 2104 6	
5 Position in labor organization		
CENTRAL REGION REPRESENTATIVE		

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name if any				
PO Box Bldg Room No If any				
	7 b Amount.			
Street				
City				
State ZIP Code + 4				

## Signature

15 Signature and vertication. The undersigned declares under penalty of Perjury and other applicable penalties of the law, that all of the information	
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the	ne
undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)	

Signed James S.	Montgomen

On 3-24-06

405-282-2365

Date

Telephone Number

Name of Person Filing JAMES 3, MONTE	SMERY File Number U [7.19		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name TRAVEL VISION, INTIL	<b>∀</b>		
Trade Name if any	a Labor Organization b Trust		
PO Box Bldg Room No If any	c Employer		
Street 700 W. ISTN STREET	C anpoyer		
CHEDMOND			
State OK ZIP Code +4 73013			
10 If 9 b or 9 c is checked give trust or employer name	11 a Nature of such dealing		
Name	SALE OF TRAVEL		
Trade Name if any			
P O Box, Bidg Room No If any			
Street	11 b Approximate dollar value of such dealing 139, 218, 54		
City	12 a Nature of interest held or income received		
State ZIP Code + 4	COMMISSIONS		
	12 b Amount # 6004.01		
C Received from any employer (other than in employer covered under or from any labor relations consultant to an employer any payment of money			
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment.		
(including trade name if any)			
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street			
City			
State ZIP Code + 4			
13 b Is the Business an Employer or Consultant 2	14 b Amount of payment.		